

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate JAMES EVANSAddress 510 W. Ash St JacksonTelephone 601-353-7464 Fax 601-948-8588Contact Name JAMES EVANS Email _____Office Sought State Representative Political Party DEM.
☐ Check here if above is different from previous report
TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$	\$ <u>1800.00</u>
Total amount of disbursements	\$ +\$	\$	\$ <u>2100.00</u>
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	AT&T Pac	1-1-	\$ 100.00
Mailing Address	175 E Capital St	1-1-	\$
City, State, Zip Code	JACKSON MS 39201	1-1-	\$
Name of Employer (Required)		1-1-	\$
Occupation (Required)		Aggregate year-to-date	\$ 100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Commission on Clean Air and Air Taxation Pac	12-10-10	\$ 400.00
Mailing Address	3000 B North State St	1-1-	\$
City, State, Zip Code	JACKSON MS 39201	1-1-	\$
Name of Employer (Required)		1-1-	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Mary HATH Call B.M.	12-10-10	\$ 500.00
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Name of Employer (Required)		1-1-	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	TRI STATE Lenders - W. Bodman	1-1-	\$ 500.00
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Name of Employer (Required)		1-1-	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00